

Cash Balance Account (CBA) Distribution Request

| Member Information | | |
|-------------------------------|-------------|----------------------|
| Member's Name _____ | SSN _____ | |
| Mailing Address _____ | | |
| City _____ | State _____ | Zip _____ |
| Telephone Number (____) _____ | | E-mail Address _____ |

I elect the following distribution from my Cash Balance Account:

\$ _____ Gross Distribution (20% Federal and 5% State taxes (Arkansas residents only) will be withheld from this amount)

\$ _____ To be rolled over to an eligible account at my chosen financial institution (Agreement of Depository Trustee must be completed). **This cannot be a checking or savings account.** *Minimum rollover amount is \$200.*

\$ _____ **Total distribution.** (Amount paid directly to me + amount rolled over)

Minimum total distribution amount is \$200

By my signature, I authorize ATRS to make distributions from my Cash Balance Account as directed above. I understand that ATRS is required to withhold 20% Federal and 5% State income taxes from amounts not rolled over. I have reviewed the distribution options above and understand that once submitted the distribution request is irrevocable.

Member's Signature _____ Date _____

Failure to complete this application correctly will result in delay of payment.

Agreement of Depository Trustee

In accordance with the authorization of the depositor named herein, I _____ (print name), as trustee of an eligible retirement plan under IRS Code §402(c), agree to deposit the forthcoming rollover amount from Arkansas Teacher Retirement System into the following account:

Name of Depository Institution _____

Contact Name (Please Print) _____

Mailing Address _____

City _____ State _____ Zip _____

Account Number _____ Telephone Number (____) _____

Type of Account ☐ 401(k) ☐ 401(a) ☐ 403(b)/457(b) ☐ Traditional IRA ☐ Roth IRA

Signature of Depository Trustee Representative _____ Date _____